

Return to:
Gila County Community Dev
Wastewater Division
608 E Hwy 260
Payson, AZ 85541



GILA COUNTY COMMUNITY DEVELOPMENT

WELL-PROPERTY LINE 50' SETBACK REQUIREMENTS WAIVER

I/we both understand that, because our properties are not served by a common drinking water system (i.e., a municipal drinking water system), there is currently a fifty (50) foot setback in effect between any component of an *On-Site Wastewater Treatment System* and a property line. This setback requirement is stated I Arizona Administrative Code R18-9-A312, *Facility Design for On-Site Wastewater Treatment Facilities*. This setback requirement may be reduced to a minimum of five (5) feet provided:

1. Both adjoining property owners agree to a reduced setback of _____ () feet, and
2. The planned *On-Site Wastewater Treatment System* and any components of the system are at least one hundred (100) feet from any water well, and
3. Both adjoining property owners agree to the setback change by attesting so on this "PROPERTY LINE 50' SETBACK REQUIREMENTS WAIVER".

We realize that we are being asked to record this document to deed (by both owner's, on both properties, so that any future owners of the property will be notified of this agreement. The Wastewater Department will proceed no further until we have received written documentation of the deed recording. This must take place within 30 days or the waiver is null and void.

This Property Line Setback Requirements Waiver must be notarized to be valid.

Property owner planning to install the
On-Site Wastewater Treatment System

Adjoining property owner agreeing to
the ___' setback in lieu of a 50' setback

Printed Name

Printed Name

Signature

Date

Signature

Date

Assessors Parcel Number

Assessors Parcel Number

STATE OF ARIZONA COUNTY OF GILA

I, _____, a Notary Public, do hereby certify that on this ___ day of _____, 20____, personally appeared before me _____, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Public, State of _____

Name: _____

My Commission Expires: _____

STATE OF ARIZONA COUNTY OF GILA

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Notary Public, State of _____

Name: _____

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